Esophagectomy ERAS Protocol

Exclusions - Daily pre-op opiates for >2 months (opiate tolerance).
Abnormal LFTs, coags, or Creatinine

Immediately Pre-op - 1000 mg Acetaminophen po (if no liver abnormalities)
Thoracic Epidural aimed at upper level of incision (tested
with 3 cc 1.5% Lidocaine w/ Epi 1:200K). Add PCA for
discontinuous incisions and opiate tolerance.

Intra-op 1/10% Bupivicaine plus Fentanyl 2 micrograms/cc infused
at 10 cc/hr started ASAP after anesthesia induction.

Fluid Goals: Induction - 7ml/kg of LR over 30-60 min
Maintenance – 5 ml/kg/hr of LR (target 0.3-0.5
ml/kg/hr urine)
Blood Loss – Replace with colloid (5%
Albumin) ml for ml

PACU Continue epidural bupivicaine (1/10%) at 10 cc/hr
Add IV PCA (Hydromorphone 0.2 mg/6min/no continuous infusion
For breakthrough pain:
Bolus IV PCA +/- increase in Bupivicaine concentration(1/8%) if
BP okay.
For pain when BP low or pressors ongoing: give IV
acetaminophen and talk with surgeons about Toradol (i.e.,
about bleeding & nephrotoxic risks). If BP
unable to be controlled with low dose pressors or fluid
boluses (500 cc) consider ICU.
If pain well controlled but BP low decrease concentration of
epidural bupivicaine infusion

Post OP Day 3 PM Continue IV PCA and epidural. Add 1000mg IV Acetaminophen q
6h in preparation for start of oral intake

Post OP Day 4 Change to po acetaminophen q6h (1000 mg, elixir OR children’s
chewable) (NOT per j-tube unless surgeons are consulted)
and start Ibuprofen 600 mg po q6h started after
taking clear liquids (and Creatinine normal). If NPO and
pain and/or nausea are slowing progress discuss Toradol
(ketorolac 15 mg q6h IV X <48h) with surgeons if no h/o
gastric, bleeding or renal impairment until tolerating diet.

Post Op Day 6 Cap epidural and continue IV PCA after full liquid diet breakfast.
Pull epidural and transition to oral analgesics (usually
oxycodone) 4 hours later if pain well controlled.